

EXHIBIT 1240-3

AUTHORIZATION OF HOME AND COMMUNITY BASED SERVICES

Services provided to Arizona Long Term Care System (ALTCS) members receiving home and community based services (HCBS) require authorization by the Contractor, the member's Primary Care Provider (PCP) and/or the AHCCCS Administration (AHCCCSA) as follows:

SERVICE	PCP ORDERS (ALTCS Contractor for enrolled members)		AHCCCSA PRIOR AUTHORIZATION (FFS Members Only)	CONTRACTOR SERVICE AUTHORIZATION	
	E/PD	DD		E/PD	DD
Acute hospital admission (Non-Medicare admission)	X	X	X	X	X ³
Adult Day Health Services	X	X		X	N/A
Attendant Care				X	X
Behavioral Health Services	X ¹	X ¹		X	X ⁴
DME/Medical Supplies	X	X	X ²	X	X ³
Emergency Alert	X	X		X	X
Habilitation				X	X
Home Delivered Meals		N/A		X	N/A
Home Health Agency Services	X	X		X	X
Home Modifications	X	X	X	X	X
Homemaker Services				X	X
Hospice Services (HCBS and Institutional) [Non Medicare]	X	X		X	X
ICF/MR	N/A	X		N/A	X
Medical Care Acute Services	X	X	X	X	X ³
Nursing Facility Services	X	X		X	X
Personal Care				X	X
Respite Care (in-home)				X	X
Respite Care (Institutional)	X	X		X	X
Therapies	X	X		X	X ³
Transportation				X	X

¹ Refer to [Policy 1620](#), #7 "Behavioral Health Standard"

² DME over \$500 for FFS members requires approval from AHCCCS/Division of FFS Management/Prior Auth. Unit, via the Tribal case manager. DME from \$300 to \$499 requires approval from the FFS case manager.

³ DDD contracted health plans authorize.

⁴ ADHS/BHS authorizes through its subcontracted RBHAs.